

TRANSMITTAL FORM	Application Number	09/712,584
<i>(To be used for all correspondence after initial filing)</i>	Filing Date	November 14, 2000
	Inventor	D.A. FARIAS et al.
	Group Art Unit	3627
	Examiner Name	Gerald J. O'Connor
	Attorney Docket Number	SJO919990173US1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> Preliminary <input type="checkbox"/> Supplemental <input type="checkbox"/> After Final <input type="checkbox"/> Rule 312 <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement: __ references <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawings: __ Replacement Sheets <input type="checkbox"/> Petition for Corrected Notice of Recordation <input type="checkbox"/> Petition for Corrected Filing Receipt <input type="checkbox"/> Petition: _____ <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Comments on Statements of Reasons for Allowance	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pre-Appeal Brief Request for Review <input checked="" type="checkbox"/> Reply Brief <input type="checkbox"/> Status Letter/ Status Request <input type="checkbox"/> Issue Fee Transmittal Form <input type="checkbox"/> Fee Address Indication Form <input type="checkbox"/> Request for Duplicate/ Replacement Copy <input type="checkbox"/> Response to Notice of Non- Compliant Amendment
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name:	David W. Victor, Registration No. 39,867
Signature:	/David Victor/
Date:	March 17, 2008
KONRAD RAYNES & VICTOR, LLP 315 South Beverly Dr., Suite 210 Beverly Hills, CA 90212 310-556-7983	The Commissioner is hereby authorized to charge to Deposit Account No. 09-0466 any additional fee required under 37 CFR 1.16 and 1.17, including all required extension of time fees or any other deficiency, and credit any overpayment to this deposit account.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted through the USPTO EFS-Web system over the Internet on the date indicated below.		
Typed or Printed Name:	David W. Victor	Customer No. 46917
Signature:	/David Victor/	
Date:	March 17, 2008	